	sion of Health Care Fac	ilities	-1411	TO THE PROPERTY OF THE PROPERT	T(X3) DAT	E SURVEY	
STATEMENT OF DEFICIENCIES (X1) PROV		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING:			(X3) DATE SURVEY COMPLETED	
	TN1927		B WING		03/	03/20/2019	
NAME OF PROVIDER OR SUPPLIER STREET ALL 3425 KNI		DDRESS, CITY, STATE, ZIP CODE GHT DRIVE CREEK, TN 37189 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) N 000		ORRECTION ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
SS=[3/20/19 at Grace He Deficiencies were ci survey and no defici complaint investigati #47129 under Chapt Nursing Homes. 6 1200-8-604(11)(a) (11) Prior to employn complete a criminal tiperson ho will be in a providing direct care (a) Any person who position which involve care to a resident in sto: 1. Provide past work be checked by the nuture. 2. Agree to release a information and invest the purpose of verifying has been convicted of state of Tennessee, to its agent, to any agency state of Tennessee, to agency, or to any other and/or	althcare of Whites Creek. ded related to the licensure dencies were cited for on #46894, #46927 and der 1200-8-6, Standards for Administration The position which involves to a resident or patient. Applies for employment in a des providing direct patient such a facility shall consent and personal references to raing home; and/or and use of any and all digate records necessary for g whether the individual a criminal offense in the either the nursing home or by that contracts with the any law enforcement r legally authorized entity; sample and submit to a decords check to be dessee Bureau of the and federal criminal	N 416	 No residents were negatimpacted by this practice. Relations Director will careferences on 8/8 files (4/27/19). Employee Relations Director given references on all redating back 3/1/19 on a currently employed by 4/23). In-service was complete. Employee Relations Director Administration team, and department heads that employee must provide personal references and checked by nursing hom. The Employee Relations designee will audit all new personnel files hired for week, weekly for three ensure all necessary compresent at start date. Results will be reported Quality Assurance Proceed Improvement Committee. 	e. Employee all given pulled by ector will call new hires nyone 4/27/19. ed with ector, Nursing nd all other each new past work and d must be ne on 3/20/19. EDirector or ew hire the previous months to mponents are to the facility ess	4/27/19	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ADA

ADMINISTRATUR ERDD 2TZ811

STATE FORM C

	on of Health Care Fac	ilities			(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING:	
		TN1927	B WING		03/20/2019
NAME OF	F PROVIDER OR SUPPLIER			STATE, ZIP CODE	
GRACE	HEALTHCARE OF WH	TITES CREEK	IGHT DRIVE CREEK, TN:		·
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D.BE COMPLETE
N 416	N 416 Continued From page 1 Tennessee Bureau of Investigation and the Federal Bureau of Investigation; and/or 4. Release any information required for a criminal background investigation by a professional background screening organization or criminal background check service or registry.		N 416	Employee Relations Director. The Quality Assurance Process Improvement committee consist the Administrator, The Director Nursing, The Assistant Director Nursing, the Minimum Data Set Coordinator, Rehabilitation Director Medical Director, Environmenta Service Director, Dietary Manag Social Services Director, and Act Director, monthly for three more	of o
F F F F F F F F F F F F F F F F F F F	7 of 8 employee files of The findings include: Record review of the file Records, revised Janufacility maintains certal employee which are disemploymentPersonning apply, the following apply, the following ferences, letters etc. Record review on 3/19, amployee files did not be the file of th	facility policy, Personnel uary 2008 revealed "Our ain records for each lirectly related to his/her nel records contain, as each ng data: f. Employment" 2/19 at 1:00 PM revealed 7 have references. inistrator on 3/19/19 at ence room confirmed "we is. I really don't care about about them. We give them			